

# Affidavit of Cardholder Fraud Claim Form

## MEMBER INSTRUCTIONS:

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This Affidavit of Cardholder Fraud Claim Form is to be used if you discover fraudulent transaction(s) on your account made using your Salal debit or credit card.

A transaction is considered fraudulent if it is from a merchant where you do not have an account and you do not know how the merchant obtained your debit or credit card number or from transactions when you have not authorized someone else to use your debit or credit card.

- You are not required or expected to contact the merchant on fraudulent transactions.
- You should file a police report if you discover fraudulent card activity on your account.
- If you have the compromised card in your possession, destroy it. Once we have been notified of fraudulent transactions on a Salal debit or credit card, the card is blocked for transactions. A new card will be ordered and sent to you.

## COMPLETING THE FORM:

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The Affidavit is organized into three sections. Please provide all information requested.

### SECTION I

Your personal information, such as name, account number, and telephone number(s) where you may be reached if we have any questions.

### SECTION II

Requires information about how the fraudulent activity may have occurred (e.g., lost card, stolen card, etc.) and any information about who may be responsible for the charges. We also require your signature in this section of the Affidavit. We will be unable to pursue your claim without your signature in this section of the Affidavit.

### SECTION III

Complete this section and list all fraudulent charges that have posted to your account. Include the transaction date, merchant name, and dollar amount. If you filed a police report, enter the officer's name, phone number, case number, jurisdiction (city) and precinct where filed in this section of the Affidavit. Be sure to make a copy of the Affidavit for your records.

## COMPLETED FORMS MAY BE RETURNED TO ANY SALAL BRANCH, FAXED TO 206.298.3495, OR MAILED TO US AT:

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Salal Credit Union  
PO Box 75029  
Seattle, WA 98175-0029

We will investigate the fraudulent transactions upon receipt of the completed Affidavit of Cardholder Fraud Claim Form. We will contact you when we complete our investigation. If you have any questions or need assistance completing the Affidavit, we are available Monday through Friday from 9:00 a.m. - 5:30 p.m. PT at 206.298.9394 or 800.562.5515, extension 8922.

### **NOTE: To ensure timely processing and resolution of your claim, make sure you are using the correct form.**

A *disputed* transaction is a charge from a merchant that you have done business with where the merchandise or services received were not what you paid for, or when additional amounts were charged without your permission. Disputed card transactions need to include a record of your attempt to resolve the dispute directly with the merchant.

If your transaction meets the definition of a card dispute, use the Cards Dispute Form located [on our website](#).

## SECTION I

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MEMBER NAME \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_ CARD NUMBER \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ ALTERNATE PHONE NUMBER \_\_\_\_\_

**SECTION II**

I, \_\_\_\_\_, state to the best of my knowledge that the above-referenced card was:

- Card was lost on \_\_\_\_/\_\_\_\_/\_\_\_\_. I have not used the card identified above for the purchase of merchandise, services, cash withdrawal, or for any other purpose since the above date.
- Card was stolen on \_\_\_\_/\_\_\_\_/\_\_\_\_. I have not used the card identified above for the purchase of merchandise, services, cash withdrawal, or for any other purpose since the above date.
- Never received card in the mail. I requested a card from Salal Credit Union but never received the card in the mail.
- Unauthorized use of card number. I had my card in my possession when my account number was fraudulently used.
- Never requested card. I never requested a card from Salal Credit Union.

**I make this Affidavit for the purpose of establishing the fraudulent use of my card.**

- I did not GIVE, SELL or TRADE my card to anyone nor did I give anyone permission, orally or in writing, to use my card(s).
- I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction indicated below.
- I did not receive benefit from the unauthorized use of my card.
- I did not use this card nor authorize the use of this card by anyone else after I discovered the card was lost, stolen, or counterfeited.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction(s) nor authorize them.
- Further, I did not receive any of the proceeds or benefits of any such item(s) listed below.

I give my consent for Salal Credit Union to release any information regarding my card and/or account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this Affidavit form is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*REQUIRED - Member Signature*

**SECTION III**

*The transaction(s) listed below were not made by me or by anyone acting upon my authority or with my consent or knowledge.*

- I have no knowledge of the identity or whereabouts of the person(s) using the card.
- I can identify the suspect as: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Social Security Number \_\_\_\_\_.

**FRAUDULENT TRANSACTIONS**

*List all fraudulent charges in the area below to ensure they are included with your fraud case. Include the merchant name, dollar amount, and transaction date for each charge. If there are a large number of charges, attach a copy of your statement(s) with the fraudulent charges clearly identified.*

TRANSACTION DATE	MERCHANT NAME	DOLLAR AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____